

Assurant Health
 PO Box 624
 Milwaukee, WI 53201-0624



ASSURANT Health



200708011402

Forwarding Service Requested

2040 3.1512 MB 1.196
 MIXED ADC 320
 21
 HELEN KAHANER
 20 HARROGATE DR
 HILTON HEAD, SC 29928-3367

If you have questions, Customer Service is available
 Monday - Friday, between the hours of
 7:00 am - 6:00 pm, Central Time at
 800-743-8463

Date: 07/31/2007
 Claim Number: KE-410059-001-3-01-10-0003
 Control Number: 250433691
 Policy: 0000410059 Cert: 0000003
 Insured Name: Helen Kahaner
 Patient Acct #: 413103689
 Patient Name: Helen Kahaner
 Provider Name: Robert T Heelan MD

Please Retain This Statement For Tax Purposes

Explanation of Benefits - THIS IS NOT A BILL

Service Code	Service Description	Service Date(s)	Provider Charge	Allowed Amount	Discount Amount	Not Covered	Deductible	Copay	Pay At	Remarks	Amount Paid
71010	Inpatient Xry	03/09/2007	\$45.00	\$40.50	\$4.50				70%	0704, 0047	\$28.35
TOTALS			\$45.00	\$40.50	\$4.50						\$28.35

***Patient Responsibility \$12.15**

**remit patient responsibility directly to provider*

0047 Your benefits have been paid at a reduced level since a provider was utilized who is not within your assigned PPO network

0704 MultiPlan rate applied. You should not be billed for the discount amount, but are responsible for the difference between the allowed amount and the amount paid by the plan.

Plan Accumulators

Description	Current Year				Prior Year			
	Individual		Family		Individual		Family	
	YTD	Remaining	YTD	Remaining	YTD	Remaining	YTD	Remaining
Deductible	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$1,618.54	\$381.46	\$1,618.54	\$2,381.46
Out-Of-Pocket	\$610.91	\$2,389.09	\$610.91	\$5,389.09	\$0.00	\$3,000.00	\$0.00	\$6,000.00
PPO Out-Of-Pocket	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lifetime Maximum		\$1,992,931.99						

Payment Summary

Payment Sent To	Payment Amount	Payment Date
Robert T Heelan MD	\$28 35	07/31/2007

Notes

- Fraud robs you! Call our fraud HOTLINE to report possible fraudulent activity at 800-800-3830 Ext 8324. For any other matters please use the Member Services number on the front of your eob
- YOUR RIGHT TO A REVIEW OF A CLAIM
 The procedure set forth below is a general statement of the claim review procedure which may be used by any insured who desires a formal review of a claim determination. If you have questions regarding the formal review process, please contact our office at 1-800-444-6254 to discuss.
- Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company

Assurant Health
PO Box 624
Milwaukee, WI 53201-0624



ASSURANT Health

P6293028009

ENY 2040
7 OF 15

200708011402

Forwarding Service Requested

2040 3.1512 MB 1.196

MIXED ADC 320



HELEN KAHANER
20 HARROGATE DR
HILTON HEAD, SC 29928-3367

21

If you have questions, Customer Service is available
Monday - Friday, between the hours of
7:00 am - 6:00 pm, Central Time at
800-743-8463

Date: 07/31/2007
Claim Number: KE-410059-001-3-01-10-0003
Control Number: 250433682
Policy: 0000410059 Cert: 0000003
Insured Name: Helen Kahaner
Patient Acct #: 413243203
Patient Name: Helen Kahaner
Provider Name: Paul H Dalecki MD

Please Retain This Statement For Tax Purposes

Explanation of Benefits - THIS IS NOT A BILL

Service Code	Service Description	Service Date(s)	Provider Charge	Allowed Amount	Discount Amount	Not Covered	Deductible	Copay	Pay At	Remarks	Amount Paid
00862	Anesthesiology	03/09/2007	\$2,990.00	\$2,691.00	\$299.00				100%	0704	\$2,691.00
TOTALS			\$2,990.00	\$2,691.00	\$299.00						\$2,691.00

*Patient Responsibility \$0.00

*remit patient responsibility directly to provider

0704 MultiPlan rate applied You should not be billed for the discount amount, but are responsible for the difference between the allowed amount and the amount paid by the plan.

Plan Accumulators

Current Year

Prior Year

Description	Individual		Family		Individual		Family	
	YTD	Remaining	YTD	Remaining	YTD	Remaining	YTD	Remaining
Deductible	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$1,618.54	\$381.46	\$1,618.54	\$2,381.46
Out-Of-Pocket	\$228.86	\$2,771.14	\$228.86	\$5,771.14	\$0.00	\$3,000.00	\$0.00	\$6,000.00
PPO Out-Of-Pocket	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lifetime Maximum		\$1,993,823.44						

Payment Summary

Payment Sent To
Paul H Dalecki MD

Payment Amount
\$2,691.00

Payment Date
07/31/2007

Notes

- Fraud robs you! Call our fraud HOTLINE to report possible fraudulent activity at 800-800-3830 Ext 8324 For any other matters please use the Member Services number on the front of your eob.
- YOUR RIGHT TO A REVIEW OF A CLAIM
The procedure set forth below is a general statement of the claim review procedure which may be used by any insured who desires a formal review of a claim determination. If you have questions regarding the formal review process, please contact our office at 1-800-444-6254 to discuss.
- Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company